

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043638

Registration District No.

132

Primary Registration District No.

5480

Registrar's No.

199

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0400

2 0400

3

4 1

5 2

6

7 0

8 0

9331X

10

11

12 1-2

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 18 1963

1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)

Trenton Twp.

Length of stay in 1b

2 yrs

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION

Clairmont Rest Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Grundy

admission)

c. CITY

OR TOWN

Trenton Mo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
Trenton Twp

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

ADA FRANCES WILLIAMS

4. DATE OF DEATH

Month Day Year

11-9-1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-4-1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

Grundy Co Mo

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lycurgus Proffitt

13b. MOTHER'S MAIDEN NAME

Mary S Proffitt

14. NAME OF HUSBAND OR WIFE

Chas. B William

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

17. INFORMANT

Mrs Lou Allen Salt Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia, death

11-9-63

INTERVAL BETWEEN ONSET AND DEATH

1:35 pm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Vascular accident 11-9-63

1030

DUE TO (c)

Hypertension

5-8 pm

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 11:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

AW Ekl

(Degree or title)

22b. ADDRESS

Salt Mo

22c. DATE SIGNED

11-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-11-1963

23c. NAME OF CEMETERY OR CREMATORY

Honey Creek Chapel

23d. LOCATION (City, town, or county)

Trenton Mo

24. FUNERAL DIRECTOR

Rayne Funeral Home Salt Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-11-63

26. REGISTRAR'S SIGNATURE

Ferne Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

-- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.